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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

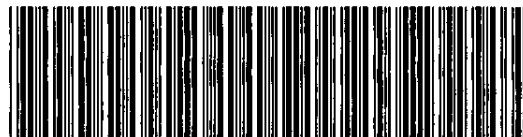
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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L. SELLERS

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01/22/13--01013--007 **155.00

13 JAN 22 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

GUEST·PEAVY·GUEST

CPA'S & COMPANY

50 KINDRED STREET - SUITE 303
STUART, FLORIDA 34994
(772) 286-9005 • FAX (772) 286-5030

January 17, 2013

Secretary of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32319

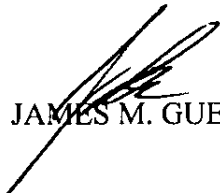
RE: Articles of Organization and Registered Agent designation
SHEPHERD MEDICAL CONSULTING, LLC

Dear Sir/Madam:

In reference to the party mentioned above, please find enclosed the original and one copy of the Articles of Organization to be filed with the Secretary of State, State of Florida. Also enclosed is my check in the amount of \$155.00, which represents \$125.00 for the filing fee and \$30.00 for the Certified Copy. Please return the certified copy of the Articles of Organization and designation of Registered Agent.

If you have any questions, please feel free to contact me.

Sincerely,



JAMES M. GUEST, CPA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHEPHERD MEDICAL CONSULTING LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Guest

Name of Person

Guest Peavy Guest, CPA's, P.A.

Firm/Company

50 Kindred Street, Suite 303

Address

Stuart, FL 34994

City/State and Zip Code

jguest@gpcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Guest

Name of Person

at **(772) 286-9005**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHEPHERD MEDICAL CONSULTING LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

29490 SW 193 AVE.

HOMESTEAD, FL 33030

Mailing Address:

29490 SW 193 AVE.

HOMESTEAD, FL 33030

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JAMES GUEST

Name

50 KINDRED STREET - SUITE 303

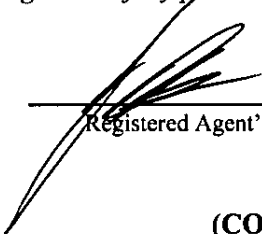
Florida street address (P.O. Box **NOT** acceptable)

STUART, FL

FL

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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13 JAN 22 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JOHN-PAUL HERNANDEZ

29490 SW 193 AVENUE

HOMESTEAD, FL 33030

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

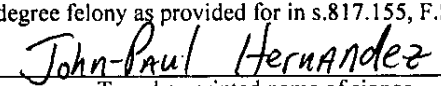
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)



Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)